

Board for Opticians
VOLUNTARY PRACTICE REGISTRATION APPLICATION
No Fee Required

In accordance with § 54.1-1701(5) of the *Code of Virginia*, any optician who (i) does not regularly practice in Virginia, (ii) holds a current valid license or certificate to practice as an optician in another state, territory, district or possession of the United States, and (iii) volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization with no paid employees that sponsors the provision of health care to populations of underserved people throughout the world may apply for a **Registration for Voluntary Practice**.

- ➔ A completed application for registration must be received by the Virginia Board for Opticians at least 15 days prior to the voluntary provision of services.

1. Name

Last

First

Middle

Generation

2. Social Security Number or Virginia DMV Control Number *

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* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Date of Birth

4. Street Address (PO Box not accepted)

City

State

Zip Code

5. Mailing Address (PO Box accepted)

City

State

Zip Code

6. E-mail Address

7. Contact Numbers

Primary Telephone

Alternate Telephone

Facsimile

8. Do you hold a current or expired optician license, certification or registration issued by another state?

No ☐

If no, you are not eligible to register for voluntary practice in the Commonwealth of Virginia.

Yes ☐

List **all** the licenses, certificates and registrations in the following table and attach a copy of any current license(s) to this application.

State/Jurisdiction	License Number	Expiration Date

9. Name of Nonprofit Organization

10. Date(s) and location(s) of voluntary provision of services

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11. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I understand that the voluntary practice registration shall only be valid under the provisions of Title 54.1, Chapter 17, of the *Code of Virginia*, and the *Virginia Board for Opticians Regulations*, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and locations filed on this application.

12. Signature

Date

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
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